



BEHAVIORAL HEALTH SERVICES

MHSA Innovation Proposals
Cycle 3 and Cycle 4



MHSA INNOVATION COMPONENT



LIVE WELL
SAN DIEGO

- Projects are defined as novel, creative, and/or ingenious mental health practices/approaches that are expected to contribute to learning
- Ideas are developed within communities through a process that is inclusive and representative.
- The purpose is to increase access to underserved groups, increase the quality of services, and increase access to services.
- Each Innovation project includes a learning component that:
 - Introduces a new practice.
 - Adapts an existing practice in a new setting.
 - Introduces a new practice that has been successful in a non-mental health setting.

MHSA INNOVATION COMPONENT CONT.



LIVE WELL
SAN DIEGO

- BHS is currently in its third funding cycle for Innovations. The projects are time-limited and have been active since 2009.
- The current plan seeks extension and/or expansion of five (5) Cycle 3 projects and proposes five (5) new projects for Cycle 4.
- Innovation plans are required to be submitted to the State Mental Health Oversight and Advisory Commission (MHSOAC) for approval.
- Innovations represent up to 5% of MHSA funding.

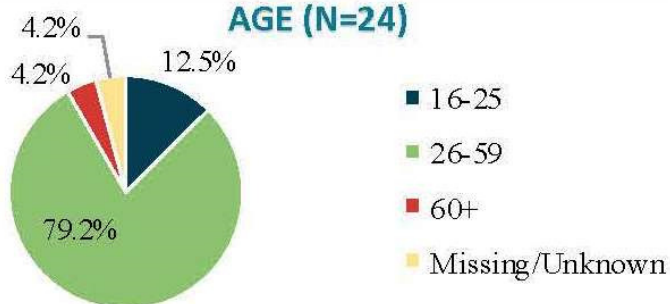
CYCLE 3 EARLY OUTCOMES CONT.



CAREGIVER WELLNESS PROGRAM PARTICIPANT DEMOGRAPHICS

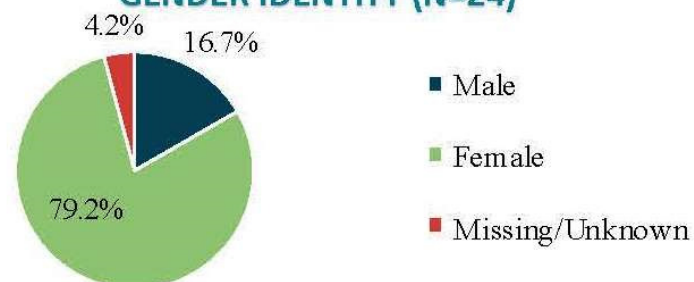
The following demographic data were collected from a participant self-report survey administered at the start of the CWP program.

AGE (N=24)



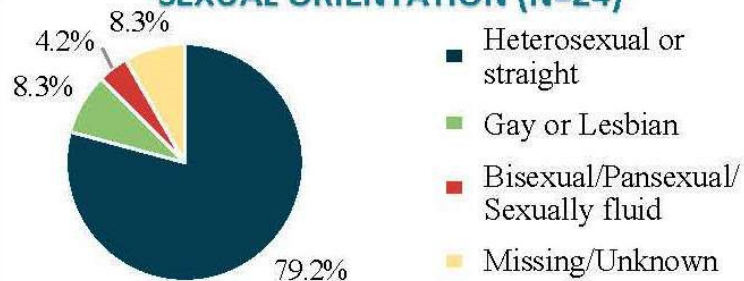
The majority of participants (79%) were between the ages of 26 and 59.

GENDER IDENTITY (N=24)



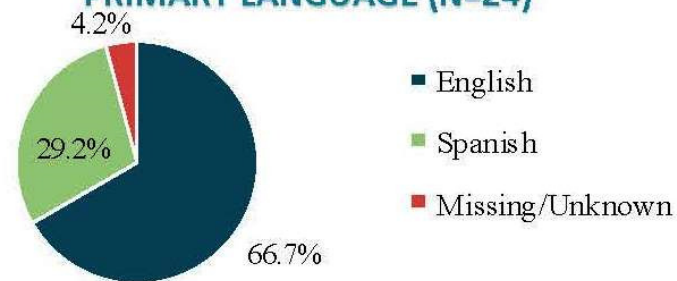
About three-quarters of participants were female (79%), and 17% of participants were male.

SEXUAL ORIENTATION (N=24)



Most (79%) participants were heterosexual or straight, and about 8% indicated being gay or lesbian.

PRIMARY LANGUAGE (N=24)

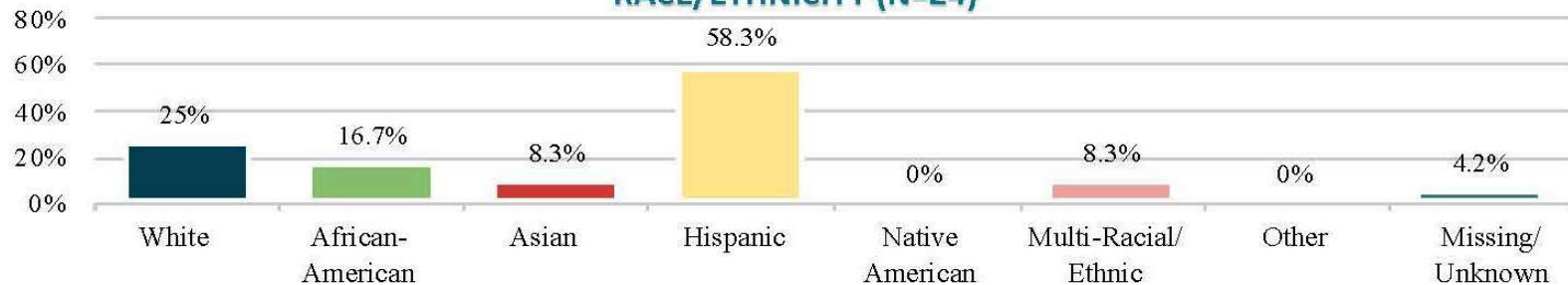


English was the primary language for two-thirds of participants (67%), with Spanish being the primary language for 29% of participants.

CYCLE 3 EARLY OUTCOMES CONT.

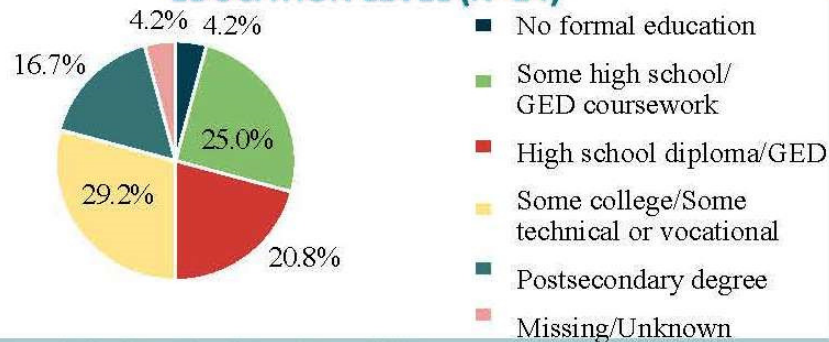


RACE/ETHNICITY (N=24)



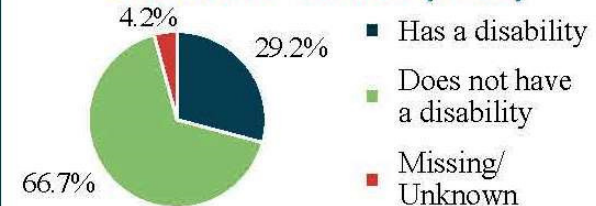
Fifty-eight percent of participants identified themselves as Hispanic, and 41.7% specifically indicated being of Mexican origin. Totals may exceed 100% as caregivers were able to indicate more than one race/ethnicity.

EDUCATION LEVEL (N=24)



Participants' educational level was fairly split between several categories, the largest being some high school/

DISABILITY¹ STATUS (N=24)



Twenty-nine percent of participants reported having some form of non-SMI disability.

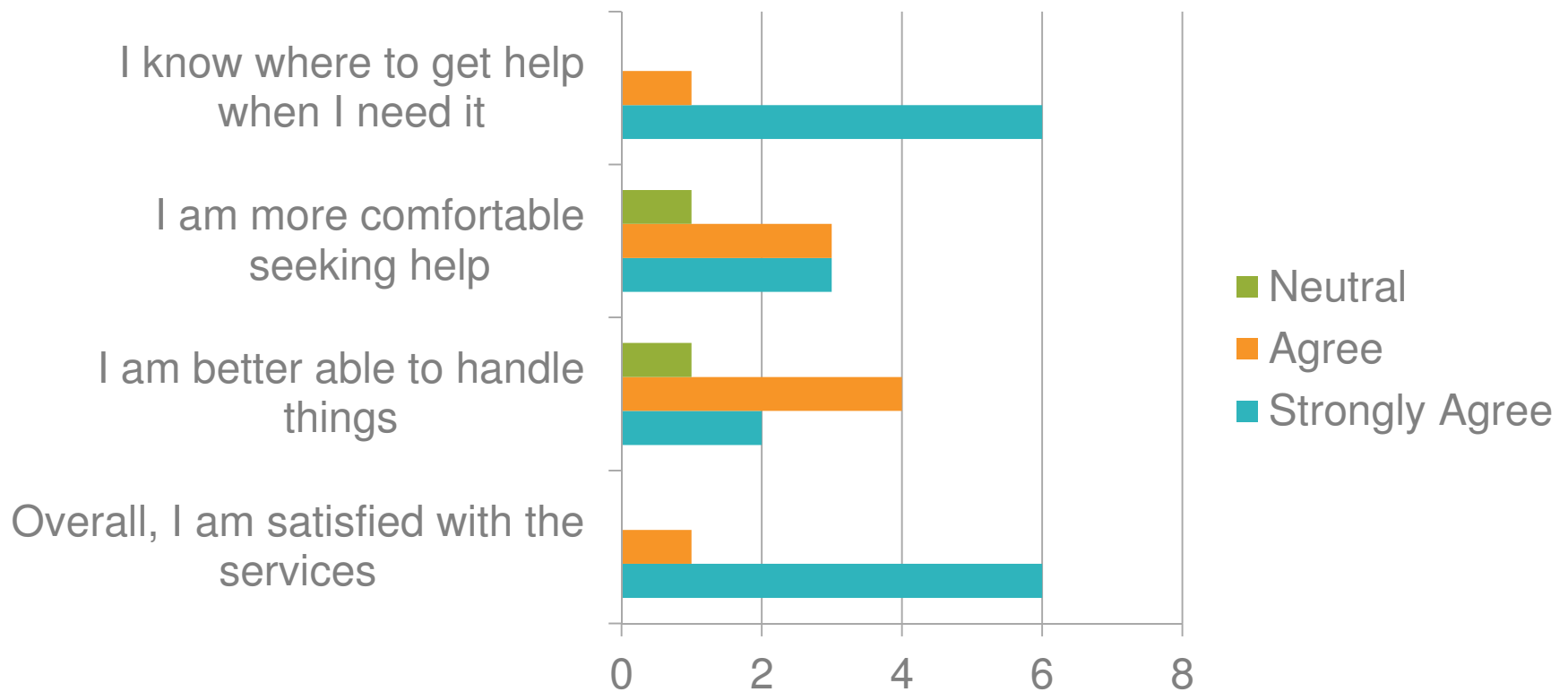
The majority (92%) of participants had never served in the military.

¹ A disability was defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness (SMI).

CYCLE 3 EARLY OUTCOMES CONT.



INN 11 CAREGIVER CONNECTION SATISFACTION



N=7

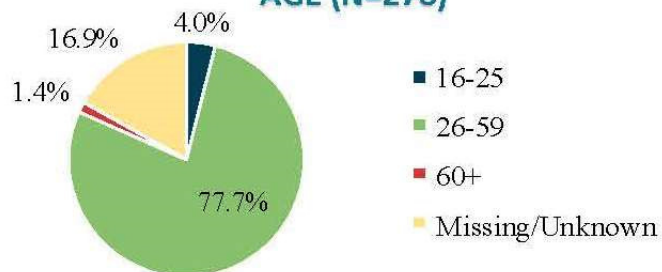
CYCLE 3 EARLY OUTCOMES CONT.



FAMILY THERAPY PARTICIPATION ENGAGEMENT CAREGIVER DEMOGRAPHICS¹

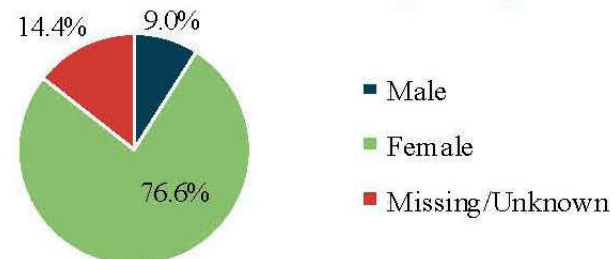
The following demographic data were collected from a caregiver self-report survey administered at the start of the FTPE program.

AGE (N=278)



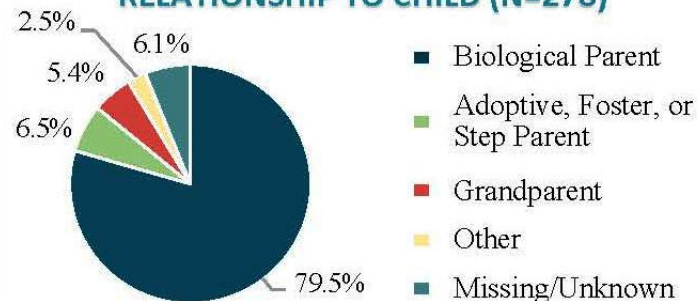
The majority of caregivers (78%) were between the ages of 26 and 59.

GENDER IDENTITY (N=278)



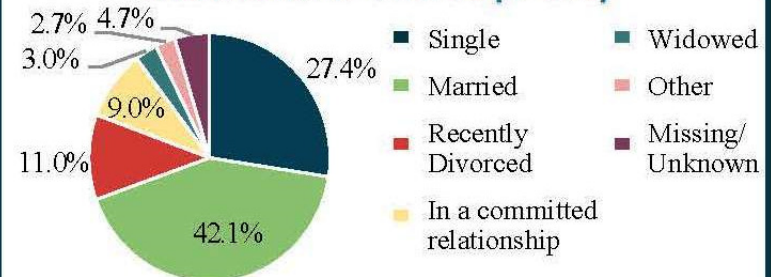
About three-quarters of caregivers were female (77%), and 14% of caregivers were male.

RELATIONSHIP TO CHILD (N=278)



Most caregivers were a biological parent of the child receiving services (80%).

RELATIONSHIP STATUS (N=278)

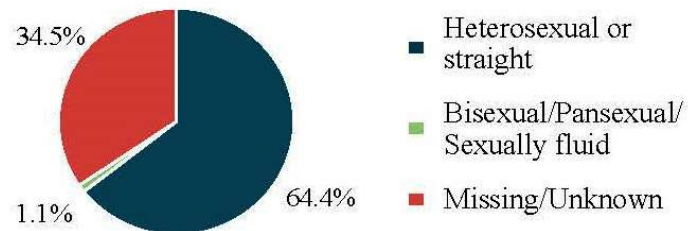


About one-quarter (27%) of caregivers were single, 42% were married, 11% were recently divorced, and 9% were in a committed relationship.

CYCLE 3 EARLY OUTCOMES CONT.

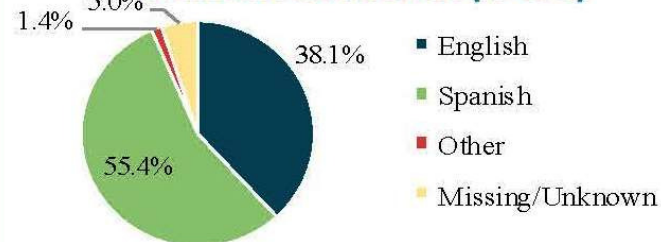


SEXUAL ORIENTATION (N=278)



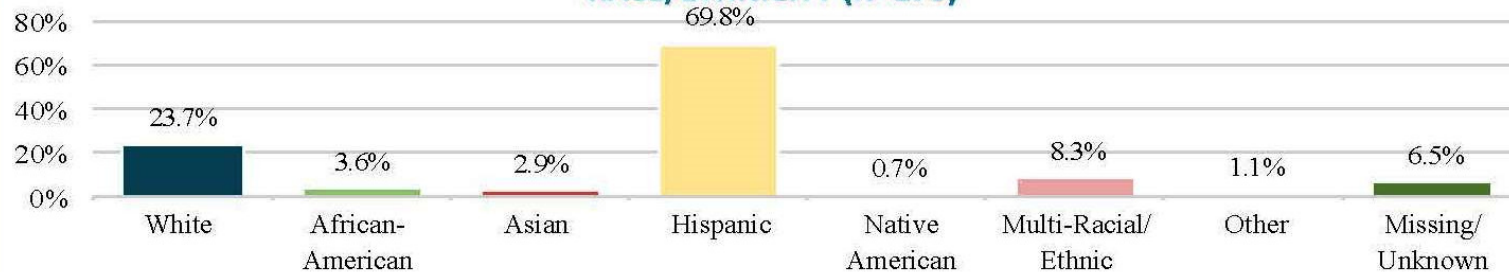
More than half (64%) of caregivers indicated they were heterosexual or straight, and about 1% indicated being bisexual, pansexual, or sexually fluid.

PRIMARY LANGUAGE (N=278)



Spanish was the primary language for the majority of caregivers (55%), with English as the primary language for 38% of caregivers.

RACE/ETHNICITY (N=278)



Seventy percent of caregivers identified themselves as Hispanic. Of those caregivers, 39.6% specifically indicated being of Mexican origin. Totals may exceed 100% as caregivers were able to indicate more than one race/ethnicity.

¹ Caregiver demographic information was not required to be collected by participating FTPE programs prior to 1/1/2016. The charts include all available demographic information, which is expected to be generally representative of caregivers receiving FTPE services.

CYCLE 3 EARLY OUTCOMES CONT.



INN 12 FAMILY THERAPY PARTICIPATION

RELATIONSHIP BETWEEN PARENT PARTNER VISITS AND FAMILY THERAPY PARTICIPATION

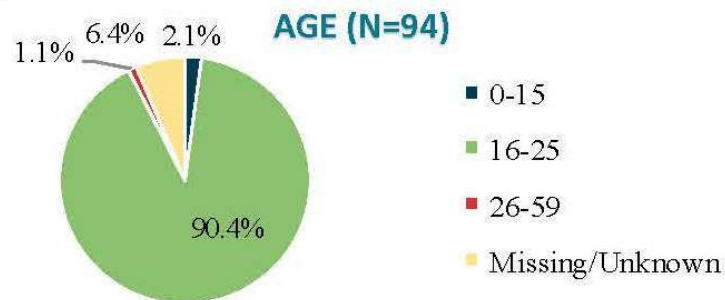
	No Parent Partner visits (1/1/2016 to 6/30/2016) (N=465)		Had at least 1 Parent Partner visit (1/1/2016 to 6/30/2016) (N=263)	
Family Therapy	%	n	%	n
Had at least 1 session in the first 90 days of treatment	66.0%	307	77.9%	205
Averaged at least 1 session per month	35.9%	167	53.2%	140
Averaged at least 2 sessions per month	15.1%	70	25.5%	67

CYCLE 3 EARLY OUTCOMES CONT.

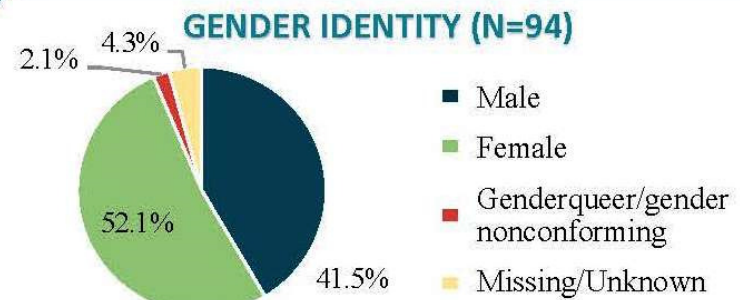


URBAN BEATS PARTICIPANT DEMOGRAPHICS

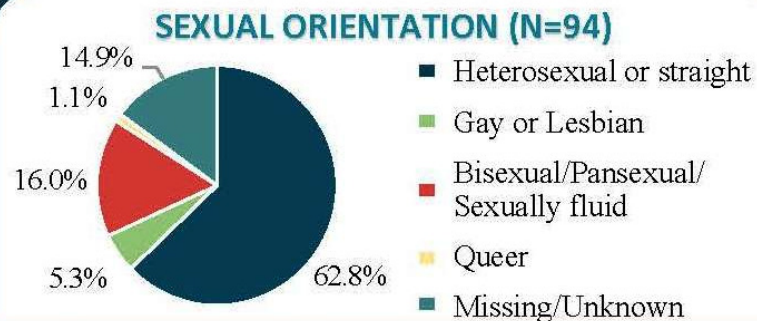
The following demographic data were collected from a participant self-report survey administered at the start of Urban Beats.



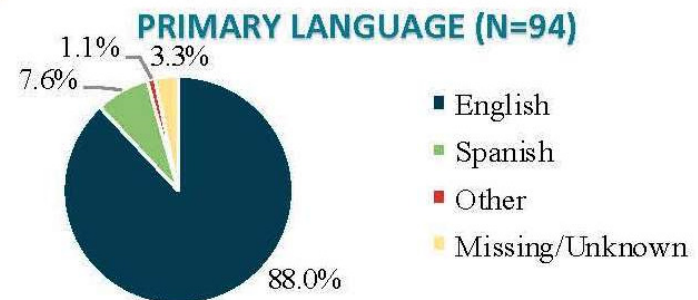
The majority (90%) of participants were between the ages of 16 and 25.



Forty-two percent of participants were male, and 52% of participants were female.



Over half (63%) of participants were heterosexual or straight, and 16% identified as bisexual, pansexual, or sexually fluid.

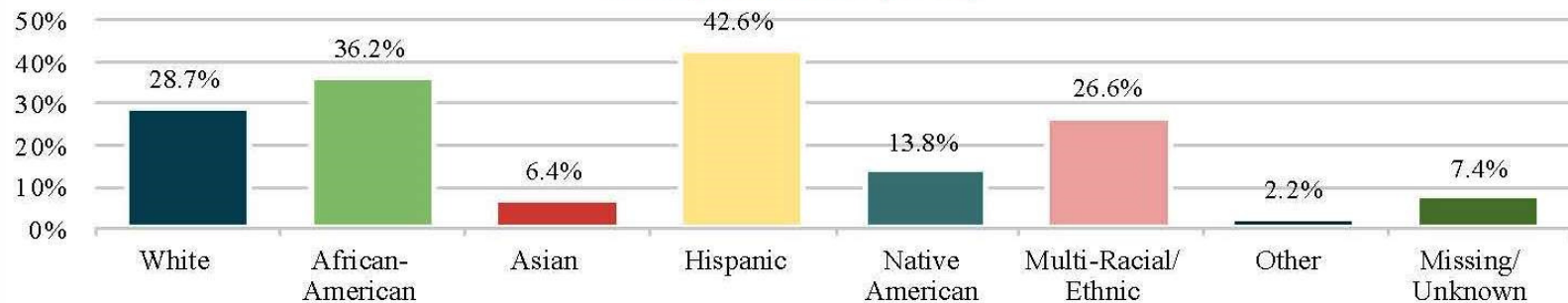


The majority (88%) of participants spoke English as their primary language.

CYCLE 3 EARLY OUTCOMES CONT.

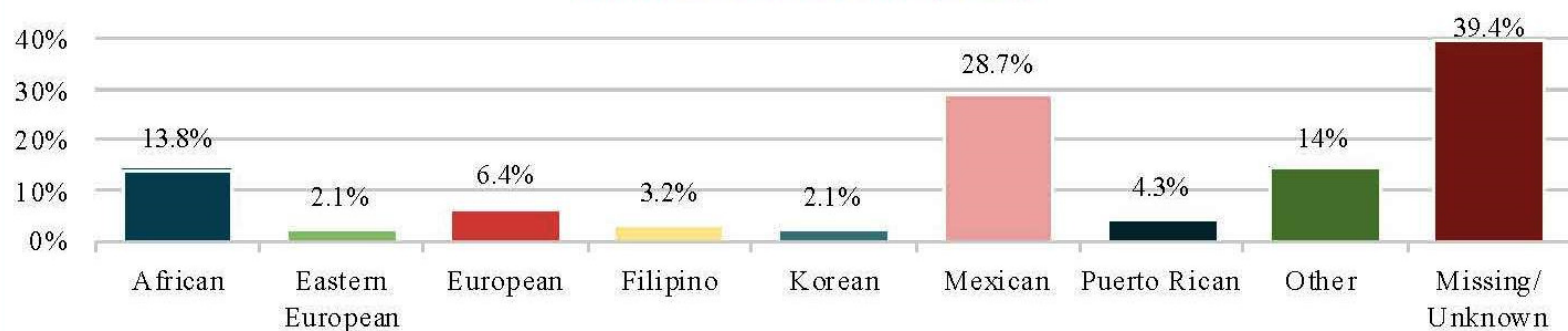


RACE/ETHNICITY (N=94)



Forty-three percent of participants identified as Hispanic, 36% were African-American, 29% were White, and 27% were multi-racial/ethnic. Totals may exceed 100% as participants were able to indicate more than one race/ethnicity.

ETHNIC BACKGROUND (N=94)



Twenty-nine percent of participants identified as being of Mexican origin, and 14% identified as being of African origin. Total may exceed 100% as participants were able to indicate more than one ethnic background.

CYCLE 3 EARLY OUTCOMES CONT.



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INN 16 – Urban Beats

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICE UTILIZATION BEFORE/AFTER URBAN BEATS PARTICIPATION

At least one...	90 Days Before Start Urban Beats (n=94)	90 Days After Start Urban Beats (n=94)	180 Days Before Start Urban Beats (n=55)	180 Days After Start Urban Beats (n=55)
Outpatient Visit	27.7%	24.5%	38.2%	36.4%
ACT Visit	28.7%	28.7%	34.5%	32.7%
PERT	1.1%	3.2%	5.5%	1.8%
EPU	6.4%	0%	10.9%	3.6%
Inpatient Admit	4.3%	3.2%	16.4%	3.6%

PROPOSED CYCLE 3 CHANGES



LIVE WELL
SAN DIEGO

- **INN 11: Caregiver Connections**

- Coordinators screen caregivers whose children are receiving services to better cope with caregiving stress and burden.
- Expands to caregivers of latency age youth (6-12 years old) and adolescent youth (13-18 years old), and extends 1 1/2 years.

- **INN 12: Family Therapy Participation**

- Trained Parent Partners provide short-term support through Motivational Interviewing to increase engagement of parents/caregivers in their children's therapy.
- Expands to additional 6 locations, 1 in each region and extends 1 1/2 years.

- **INN 15: Peer Assisted Transitions**

- Peer coaching incorporates shared decision-making and social supports to increase the depth and breadth of services for SMI in acute settings.
- Expands to a 3rd Crisis House. No extension.

PROPOSED CYCLE 3 CHANGES CONT.



LIVE WELL
SAN DIEGO

- **INN 16: Urban Beats**

- Incorporates artistic expression with TAY with SMI to increase engagement with services.
- Adds staffing and transportation to serve more clients. No extension.

- **INN 17: Crest Mobile Hoarding Units**

- Hoarding program employs mobile clinicians to test in-home interventions with older clients.
- Expands staff and service and extends one year.

PROPOSED CYCLE 3 BUDGET CHANGES



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INN Program	Current Total	Proposed New Funding	Total Including Proposed
INN 11 Caregiver Connection	\$685,500	\$1,485,250	\$2,170,750
INN 12 Family Therapy Participation	\$3,381,000	\$4,508,000	\$7,889,000
INN 15 Peer Assisted Transitions	\$3,334,347	\$969,672	\$4,304,109
INN 16 Urban Beats	\$1,211,613	\$972,059	\$2,183,672
INN 17 Crest Mobile Hoarding Units	\$1,331,919	\$1,053,753	\$2,385,672
Total	\$9,944,379	\$8,988,824	\$18,933,203

5% of funding goes toward evaluation

PROPOSED CYCLE 4 PROJECTS



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- **INN 18: Postpartum**

- Perinatal screening in partner agencies seeing high-risk patients to identify and treat postpartum depression in underserved populations.
- Annual funding: \$500,000

- **INN 19: Telemental Health**

- Patients being discharged after psychiatric emergencies will be provided access to a digital system to encourage follow-up services and reduce recidivism. Includes training and device when appropriate.
- Annual funding: \$987,286

- **INN 20: Roaming Outpatient Access Mobile (ROAM) Program**

- Two mobile clinics providing comprehensive services in Native American communities and rural areas. Units include a culturally competent Licensed clinician and staff.
- Annual funding: \$1,870,408

PROPOSED CYCLE 4 PROJECTS CONT.



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- **INN 21: Recuperative Services Treatment (ReST) Housing**
 - The program provides full care and support, including linkages to permanent housing to reduce homelessness of TAY following institutionalization.
 - Annual funding: \$1,389,441

- **INN 22: Medication Clinic**
 - A psychotropic medication clinic to serve children who have been clinically stabilized but require sophisticated psychiatric services sufficient to meet their ongoing complex prescribing needs.
 - Annual funding: \$1,963,636

PROPOSED CYCLE 4 TOTAL BUDGET



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MHSA Component	Annually Beginning FY 17/18	Annually Beginning FY 18/19	Four and One-half Year Total
INN 18 Postpartum	\$0	\$500,000	\$2,250,000
INN 19 Telemental	\$0	\$987,286	\$4,617,787
INN 20 ROAM	\$1,870,408	\$0	\$8,896,836
INN 21 ReST	\$1,389,441	\$0	\$6,252,485
INN 22 Medication Clinics	\$0	\$1,963,636	\$8,836,362
Total			\$30,853,470

5% of funding goes toward evaluation

30 DAY PUBLIC REVIEW



[HTTP://SANDIEGO.CAMHSA.ORG](http://sandiego.camhsa.org)

The screenshot displays the website for the Mental Health Services Act (MHSA) in the County of San Diego. The page features a header with the MHSA logo and the County of San Diego seal. A navigation menu on the left lists various services and resources. The main content area is titled "Mental Health Services Act (MHSA)" and includes a "NOTICE OF INITIATION OF 30-DAY PUBLIC REVIEW AND COMMENT PERIOD" for the "MHSA INNOVATION PROGRAM PLAN". The notice is dated January 30, 2017, and closes on March 1, 2017. It provides contact information for the Mental Health Services Act Comment/Question Line, including a phone number (619) 584-5084, a toll-free number (888) 977-6763, and an email address (MHSProp63.MHSA@sdcounty.ca.gov). The page also includes a "LOCAL MHSA ISSUE RESOLUTION PROCESS" section and a "CONTACT US" section.

County of San Diego
Mental Health Services Act (MHSA)

Home
Community Program Planning (CPP)
Community Services & Supports (CSS)
Prevention & Early Intervention (PEI)
Workforce Education and Training (WET)
Career Opportunities
Capital Facilities (CF)
Technological Needs (TN)
Innovation (IN)
Housing
Employment
Links
Documents

Mental Health Services Act (MHSA)
Proposition 63 was passed by voters in November 2004 and became a state law called the Mental Health Services Act (MHSA). Effective January 1, 2005, the MHSA provides State funding to counties for expanded and innovative mental health programs. Click the links on the left for detailed information about each of the MHSA program components. To view the most recent MHSA Annual Update, click on the link below.

Live Well San Diego
MHSA programs support the County's vision of Live Well San Diego by providing the community services to assist with mental and behavioral health needs, education about the importance of mental health, and how to access necessary resources, so that all San Diego residents may lead healthy and productive lives.

NOTICE OF INITIATION OF 30-DAY PUBLIC REVIEW AND COMMENT PERIOD
RE: MHSA INNOVATION PROGRAM PLAN

Dear Community Members and Stakeholders:

San Diego County is holding a 30-day public review and comment period for the Mental Health Services Act (MHSA) Innovation Program Plan. This review period begins January 30, 2017, and closes March 1, 2017. The plan will be presented at the Behavioral Health Advisory Board meeting located at 1600 Pacific Highway, San Diego, CA, 92101, Room 302, on Thursday, March 2, 2017, at 3:30 PM.

The MHSA Innovation Plan highlights existing and proposed programs for innovation projects. The MHSA Innovation Plan is linked below. Please review the summaries and send your comments, suggestions, and/or questions to either the MHSA line or email below, or use the feedback link on the page, or print and mail the form provided.

Mental Health Services Act Comment/Question Line:
Phone: (619) 584-5084
Toll-Free: (888) 977-6763
Email: MHSProp63.MHSA@sdcounty.ca.gov

Fax to: (619) 563-2775

Mail to: BHS, 3255 Camino del Rio South P-531C, San Diego, CA 92108, Attention: Martin Dore

LOCAL MHSA ISSUE RESOLUTION PROCESS
You may file an issue related to the MHSA Community Program Planning Process and/or inconsistency between approved MHSA Plan and implementation at any point and avenue within the system. The issue will be forwarded to the Consumer and Family Liaisons listed below.

Judi Holder
Recovery Innovations (CA)
(658) 274-4650
judi.holder@recoveryinnovations.org

Donna Ewing Marto
Family Youth Roundtable
(619) 548-5552
donna@fyrt.org

County of San Diego MHSA
www.sdsdcounty.org/mhsa
has detailed look at the process.

MHSA CALENDAR
CONTACT US
Phone: 619-584-5083
Toll-Free: 888-977-6763
Email: MHSProp63.MHSA@sdcounty.ca.gov

12:49 PM
1/31/2017



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Questions?